

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	71531	2 20 01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	71531	2 20 01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
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If more than 150 claims or 10 actions
 staple additional sheet here

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